FILE NOW: FILING FEE IS \$61.25

 NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

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Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #1. Corporation Name

N50407

(8)

JOHN VOIGHT MEMORIAL FOUNDATION, INC.

***		Mark and Adalasa			
Principal Plac	ce of Business	Mailing Address			
455 DOUGL	AS AVE	455 DOUGLAS AVE			
#2655	E SPRINGS FL 32714	#2655 ALTAMONTE SPRINGS	FL 32714		
ALIAMONI	E OFTHIRDS FE OZ714	REMINORIE GITINGO	12 02771	3. Date Incorporated or Qualified 08/13/1992	3a. Date of Last Report 08/04/1995
2. Principal	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Sta	ate	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	tangible tax under s. 199.032, Yes □ No
	g. Name and Address of Curr			10. Name and Address of New Re	
			81 Name		
VOIGH	T, MARGARET		82 Street Ad	dress (P.O. Box Number is Not Acceptable	2)
	OUGLAS AVE		DE SHEEL AC	oresa (F.O. Bex Herriba) to het viceoptaen	
SUITE			83		
ALTAM	IONTE SPRINGS FL 32714		84 City		85 Zip Code
			'		FL: '
or regist	nt to the provisions of Sections 617.05 tered agent, or both, in the State of Fl with, and accept the obligations of, Se	orida. Such change was authori	ized by the corporation's bo	oration submits this statement for the purp eard of directors. I hereby accept the appo	nose of changing its registered office introduced in the introduced agent. I am
SIGNATURE	Signature, typed or printed name of registered as		ØTe: Registered Agent signature requ	. And contacted	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	HANLEY, MICHAEL		1.2 NAME		
STREET ADDRES		300	1.3 STREET ADDRESS	_	6
CITY-ST-ZIP	ORLANDO FL		14 CITY - ST - ZIP	6\/	
TITLE	DS	DE LETE	21 TITLE	6	Yange Addition
NAME	BRIDWELL, SUE E-	• •	22 NAME	Λ [']	\sim
STREET ADDRES			2 3 STREET ADDRESS	΄,>	, CP
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	Kah zi ere	2 4 CITY-ST-ZIP		Change Addition
TITLE	D D	ELETE	3.1 TITLE	\sim \sim \sim	/ Li cuange Li Addition
NAME CYDOEX ADDROC	HANCOCK, JAMES P. I 1680 SHAWNEE TRAIL		3.2 NAME 3.3 STREET ADORESS		
STREET ADDRES	MAIFLAND FL		3 3 STREET ADDRESS	7 \ /V)`	
CITY-ST-ZIP TITLE	DP	DELETE	4.1 TITLE	$\mathcal{O} \cap \mathcal{O}$	Change Addition
NAME	VOIGHT, MARGARET	–	4. 2 NAME	· · ·	
STREET ADDRES			4.3 STREET ADDRESS	64) LI	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP	$CUT \sim \infty$	
TITLE	D	DELETE	51 TITLE	~~ \	Change Addition
NAME	GROSS, SAMDER	•	52 NAME	<i>'</i>)	
STREET ADDRES			5 3 STREET ADDRESS		
CITY-ST-ZIP	-WINTER PARK FL		5 4 CITY-ST-ZIP	\sim	
TITLE		DELETE	6.1 TITLE	\sim	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Way Add World Company of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.2 NAME

6 3 STREET ADDRESS 64 CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

BELLAIRE, LYNNE	VP Finance, Photo Chemical Systems 310 Anchor Road, Casselberry, FL 32707	Work: 830-6313	331-8713
BEST, KAY	Director, Tupperware Corporate 502-106 Via Dell Oro, Altamonte Springs, FL 32714	Home: 865-5865	
GUEDES, BEN, MD Director		Work: 894-8556	894-7689
HANLEY, MICHAEL Director	Director, The Equitable 20 N. Orange Avenue, Suite 1300, Orlando, FL 32801	Work: 246-6500	872-3887
ROBINSON, DAVID N., M.D. Director	Moroose, Reynolds & Castillo, M.D., P.A. 661 E. Altamonte Drive, Suite 312, Altamonte Springs, FL 32701 2501 N. Orange Avenue, Suite 510, Orlando, FL 32804	Work: 834-5151 Work: 895-1711	834-5562 894-8311
SHEPPARD, CLIFFORD, ESQ. Director	Sheppard, Filburn, Goodblatt 20 North Orange Avenue, Stc. 1107, Orlando, FL 32801	Work: 481-2020	481-0208
VOIGHT-GUEDES, MARGARET President and Founder	John Voight Memorial Foundation, Inc. 455 Douglas Avenue, Suite 2655, Altamonte Springs, FL 32714	Work: 788-6188	774-0794